Clock Hour Class Proposal Form

INSTRUCTIONS: This form is to be completed by person coordinating/managing this program.

Class Coordinator _____   District or Agency _____

Address _____
Street/Number   City   State   Zip

Work Phone (_____) _____   Home phone (_____) _____

Fax (_____) _____   Email _____

Class Title _____

Class Date(s) _____   Start Time(s)_____ End Time(s) _____

Total instructional hours (excluding breaks and meals) _____   Expected number of Participants _____

Class Location _____

Class Location Address _____
Street/Number   City   State   Zip

Available for college credit? _____   Which college or university?_____

Presenter/InstructorName (s) _____

Presenter/Instructor(s) _____
Street/Number   City   State   Zip

Day Phone (_____) _____   Current Position _____

Agency/district approval _____
Superintendent/Director of Staff Development or Agency Designee   Date

FOR PUGET SOUND ESD USE ONLY

Approved _____   Denied _____
Signature/Date   Signature/Date

Date registration materials were sent to class coordinator _____

Revised 12/99

Clock Hour Proposal (con't.)

Target audience for this class (mark all that apply):

- O K-12 teachers
- O Administrators
- O Support staff
- O Paraeducators
- O Preschool staff
- O Middle school staff

- O Primary staff
- O High School Staff
- O Intermediate staff
- O Counselors/Psychologists
- O Others (please explain)

_____

Essential Learnings that will be targeted in this class (mark all that apply):

- O **Goal 1**
  - O Reading
  - O Communication
  - O Writing
  - O Math

- O **Goal 2**
  - O Name specific content area(s):_____

- O **Goal 3**
  - O Thinking Skills
  - O Problem Solving
  - O Integration
  - O Other (explain)_____

- O **Goal 4**
  - O School to Work
  - O Service Learning
  - O Other (explain)_____

Identify the impact for participant learning as a result of this class:

- O strategies will be provided to impact the learning of all students
- O strategies will target a specific student population (explain)_____

_____

This training will fulfill which of the following needs:

- O Educational Mandate   O National   O State   O Regional/District
- O Certification   O Educational Reform   O Other (explain)_____

Attach a brief description explaining each of the following:

1. Objectives that will be shared with participants regarding this class
   (what participants will know and do differently as a result of taking this class)

2. Content that will be taught (what participants will be able to do as a result of this class):

3. How will your assessment methods show you that the participants have learned and can apply the content?

4. How will you, as the instructor, know that the objectives of this class have been met?

Vita Form

INSTRUCTIONS: Please complete this form or attach resume.

Name _____   Position/Title _____

Current employer _____

Work address _____
                              Street/Number   City   State   ZIP

Work Phone (_____) _____   Home phone (_____) _____

Fax (_____) _____   Email _____

Home address _____
                              Street/Number   City   State   ZIP

Degree _____   Awarding institution _____

Degree _____   Awarding institution _____

Degree _____   Awarding institution _____

Professional experience and activities which qualify the instructor to conduct this program _____

_____

_____

_____

_____

_____

References (please include phone numbers)

1) _____ (_____) _____
                          Name   Position/Title   Phone

2) _____ (_____) _____
                          Name   Position/Title   Phone

Revised 12/99